



PTO/SB/17 (11-01)
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FEE TRANSMITTAL for FY 2002 <small>Patent fees are subject to annual revision.</small>		Complete if Known																																																																																																																																																																																																																																													
<div style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <div style="border: 1px solid black; padding: 5px;">TOTAL AMOUNT OF PAYMENT (\$) 110.00</div>		Application Number	09/773,394																																																																																																																																																																																																																																												
		Filing Date	January 31, 2001																																																																																																																																																																																																																																												
		First Named Inventor	Lars WIKLUND, et al.																																																																																																																																																																																																																																												
		Examiner Name	M. Bahar																																																																																																																																																																																																																																												
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METHOD OF PAYMENT (check all that apply) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div><div><input type="checkbox"/> Deposit Account</div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Deposit Account Number: 50-2215</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">The Commissioner is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div>		FEE CALCULATION (continued)																																																																																																																																																																																																																																													
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